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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******SPAIN ES 2002 01747 07/25/2002 *S/C***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ******** 04/28/2004**

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	SPAIN	17	8	1
Verified and Acknowledged	<i>[Signature]</i> <i>S/C</i>	Initials			

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TITLE

Unwinding system for handling reels of tissue

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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